

This Page Is Inserted by IFW Operations
and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

**As rescanning documents *will not* correct images,
please do not report the images to the
Image Problem Mailbox.**

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

THERAPEUTIC COMPOSITIONS AND METHODS OF TREATING GLYCOLIPID STORAGE RELATED DISORDERS

the Specification of which

☒ is attached hereto
☐

I hereby state that I have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN FILED APPLICATION(S)

<u>APPLICATION</u> <u>NUMBER</u>	<u>COUNTRY</u>	<u>(MONTH/DAY/YYYY)</u>	<u>PRIORITY</u> <u>CLAIMED</u>
9909066.4	Great Britain	April 20, 1999	YES

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER(S)

FILING DATE (MM/DD/YYYY)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>U.S. Parent Application No.</u>	<u>PCT Parent Number</u>	<u>Parent Filing (MM/DD/YYYY)</u>	<u>Parent Patent Number (if applicable)</u>
	GB00/01560	4/20/00	

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from **OXFORD GLYCOSCIENCES (UK) LIMITED** as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

I hereby appoint as my attorneys or agents the registered persons identified under

Customer No. 23565

for the law firm of Klauber & Jackson, said attorneys or agents with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to **Customer No. 23565**.

DAVID A. JACKSON, ESQ.
KLAUBER & JACKSON
411 HACKENSACK AVENUE
HACKENSACK, NEW JERSEY 07601

Direct all telephone calls to David A. Jackson at (201) 487-5800.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST OR SOLE INVENTOR: Raymond A. Dwek

COUNTRY OF CITIZENSHIP: Great Britain

RESIDENCE ADDRESS: Oxford, England

FULL POST OFFICE ADDRESS: Oxford Glycobiology Institute
Oxford University
South Parks Road
Oxford OX1 3QU
England

SIGNATURE OF INVENTOR _____

DATE _____

FULL NAME OF SECOND JOINT INVENTOR: Terence D. BUTTERS

COUNTRY OF CITIZENSHIP: Great Britain

RESIDENCE ADDRESS: Oxford, England

FULL POST OFFICE ADDRESS: Oxford Glycobiology Institute
Oxford University
South Parks Road
Oxford OX 1 3QU
England

SIGNATURE OF INVENTOR _____

DATE _____

FULL NAME OF THIRD JOINT INVENTOR: Mylvaganam Jeyakumar

COUNTRY OF CITIZENSHIP: Sri Lanka

RESIDENCE ADDRESS: Oxford, England

FULL POST OFFICE ADDRESS: Oxford Glycobiology Institute
Oxford University
South Parks Road
Oxford OX 1 3QU
England

SIGNATURE OF INVENTOR _____

DATE _____

FULL NAME OF FOURTH JOINT INVENTOR: Francis M. Platt

COUNTRY OF CITIZENSHIP: Great Britain

RESIDENCE ADDRESS: Oxford, England

FULL POST OFFICE ADDRESS: Oxford Glycobiology Institute
Oxford University
South Parks Road
Oxford OX 1 3QU
England

SIGNATURE OF INVENTOR _____

DATE _____

FULL NAME OFFiFTH JOINT INVENTOR: David Priestman

COUNTRY OF CITIZENSHIP: Great Britain

RESIDENCE ADDRESS: Oxford, England

FULL POST OFFICE ADDRESS: Oxford Glycobiology Institute
Oxford University
South Parks Road
Oxford OX 1 3QU
England

SIGNATURE OF INVENTOR _____

DATE _____